



## C-Gen 13

# Alcohol in Pregnancy

Alcohol is a recognized teratogen. However, the sensitivity of the pregnancy to the adverse effects of alcohol varies between women and between the different stages of gestation.

There is good quality evidence that drinking excessive amounts of alcohol during pregnancy can damage fetal development (references). However the minimum or threshold level at which alcohol begins to pose a significant threat to pregnancy is not known.

It is therefore preferable that women avoid or minimise their intake of alcohol during pregnancy. The likelihood of an adverse fetal effect increases with increased volume and frequency of alcohol consumption.

Counselling women about possible adverse effects of prior alcohol intake in pregnancy is difficult. In most circumstances it will be possible to reassure the patient that any additional risk attributable to such alcohol consumption earlier in pregnancy is likely to be small.

Where there is evidence of pathological drinking behaviour, involvement of a drug and alcohol specialist in counselling and care may be appropriate.

### References

1. O'Leary CM, Heuzenroeder L, Elliott EJ, Bower C. A review of policies on alcohol use during pregnancy in Australia and other English-speaking countries, 2006. *Med J Aust.* 2007; 186(9):466-71.
2. Henderson J, Gray R, Brocklehurst P. Systematic review of effects of low-moderate prenatal alcohol exposure on pregnancy outcome. *BJOG.* 2007; 114(3):243-52.
3. Floyd RL, O'Connor MJ, Sokol RJ, Bertrand J, Cordero JF. Recognition and prevention of fetal alcohol syndrome. *Obstet Gynecol.* 2005; 106(5 Pt 1):1059-64.
4. Australian Alcohol Guidelines – Health risks and benefits, National Health Medical Research Council: <http://www.nhmrc.gov.au/publications/synopses/files/ds9.pdf>

### Links to other related College Statements

NIL

### Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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